

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S61182

1. Entity Name

PREMIER DESIGN HOMES, INC.

Principal Place of Business

Mailing Address

SAME

11030 N. KENDALL DRIVE, SUITE 100
MIAMI, FLORIDA 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0274477

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Maria F. Valle, Esq.
250 Bird Road
Suite 301
Coral Gables, Florida 33146

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ALEJANDRO ROBLES 11030 N. KENDALL DR., STE. 100 MIAMI, FLORIDA 33176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRESIDENT FRANK C. ROBLES 11030 N. KENDALL DR., STE. 100 MIAMI, FLORIDA 33176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRESIDENT ERIC D. ISENBERGH 10405 BLOOMINGDALE AVENUE RIVERVIEW, FLORIDA 33569 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200004464732-7 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK C. ROBLES

Date

6/25/01 (305) 271-6997

Daytime Phone #

CR2034 (11/00)



ACCOUNT NO. : 072100000032

REFERENCE : 213466 88750A

AUTHORIZATION :

COST LIMIT : \$ 550.00

ORDER DATE : July 9, 2001

ORDER TIME : 11:26 AM

ORDER NO. : 213466-005

CUSTOMER NO: 88750A

CUSTOMER: Ms. Janet Ollervides
Maria Fernandez-valle, Esq.
Suite 103
10570 Nw 27th Street
Miami, FL 33172

ANNUAL REPORT FILING

NAME: PREMIER DESIGN HOMES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward-EXT#1135

EXAMINER'S INITIALS: _____

RECEIVED
01 JUL -9 PM 12:18
DIVISION OF CORPORATION